

MINIMUM PROGRAM REQUIREMENTS FOR CHILD AND ADOLESCENT HEALTH CENTERS ADOLESCENT SITES CLINICAL AND ALTERNATIVE CLINICAL MODELS

ELEMENT DEFINITION:

Services provided through the school based and school linked Child and Adolescent Health Center Program are designed specifically for adolescents 10 through 21 years of age and are aimed at achieving the best possible physical, intellectual, and emotional health status. Included in this element are adolescent health centers designed to provide comprehensive primary care, psychosocial and mental health services, health promotion/disease prevention, and outreach services. The infants and young children of the target age group can be served through this program.

MINIMUM PROGRAM REQUIREMENTS:

Services

1. The health center shall provide a range of health and support services based on a needs assessment of the target population/community and approved by the community advisory committee. The services shall be of high quality, accessible, and acceptable to youth in the target population. The use of age appropriate prevention guidelines and screening tools must be utilized.
 - a) Clinical services shall include, at a minimum: primary care, including health care maintenance, immunization assessment and administration using the MCIR, care of acute and chronic illness; confidential services including STD diagnosis and treatment and HIV counseling and testing as allowed by state and/or federal law; health education and risk reduction counseling; and referral for other services not available at the health center. (See Attachment 1 for services detail.)
 - b) Mental health services must be provided at all adolescent Child and Adolescent Health Centers.
 - c) Each health center shall implement two evidence-based programs and/or clinical interventions in at least one of the approved focus areas as determined through needs assessment data (See Attachment 2 for approved focus areas).
2. Clinical services provided, including mental health services, shall meet the recognized, current standards of practice for care and treatment of adolescents and their children.
3. The health center shall not provide abortion counseling, services, or make referrals for abortion services.
4. The health center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

5. The health center shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities as outlined in MSA 04-13.

Administrative

6. If the health center is located on school property, or in a building where K-12 education is provided, there shall be a current interagency agreement defining roles and responsibilities between the sponsoring agency and the local school district. Written approval by the school administration and local school board exists for the following:
 - a) Location of the health center;
 - b) Administration of a needs assessment process, which includes at a minimum a risk behavior survey, to determine priority health services;
 - c) Parental consent policy;
 - d) Services rendered in the health center.
7. The health center shall be located in a school building or an easily accessible alternate location.
8. The health center shall be open during hours accessible to its target population, and provisions must be in place for the same services to be delivered during times when school is not in session. Not in session refers to times of the year when schools are closed for extended periods such as holidays, spring breaks, and summer vacation. These provisions shall be posted and explained to clients.

Clinical Centers: The health center shall provide clinical services a minimum of five days per week. Total primary care provider clinical time shall be at least 30 hours per week. Mental health provider time must be a minimum of 20 hours per week. Hours of operation must be posted in areas frequented by the target population.

Alternative Clinical Centers: The health center shall provide clinical services a minimum of three consistent days per week. Total primary care provider clinical time shall be at least 24 hours per week. Mental health provider time must be a minimum of 12 hours per week. Hours of operation must be posted in areas frequented by the target population.

The health center shall have a written plan for after-hours and weekend care, which shall be posted in the health center including external doors, and explained to clients. An after-hours answering service and/or answering machine with instructions on accessing after-hours care is required.

9. The health center shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures and protocols.

10. The health center staff shall operate within their scope of practice as determined by certification and applicable agency policies:
 - a) The center shall be staffed by a certified nurse practitioner (FNP, PNP, or SNP), licensed physician, or a licensed physician assistant working under the supervision of a physician. Nurse practitioners must be certified or eligible for certification in Michigan; accredited by an appropriate national certification association or board; and have a current, signed collaborative practice agreement and prescriptive authority agreement with the medical director or designee. Physicians and physician assistants must be licensed to practice in Michigan.
 - b) The health center must be staffed with a minimum of a .50 FTE licensed Masters level mental health provider (i.e. counselor or Social Worker). Alternative clinical centers must be staffed with a minimum of a .30 FTE licensed Masters level mental health provider. Appropriate supervision must be available.
11. The health center must establish a procedure that doesn't violate confidentiality for communicating with the identified Primary Care Provider (PCP), based on criteria established by the provider and the Medical Director.
12. The health center shall implement a continuous quality improvement plan. Components of the plan shall include, at a minimum:
 - a) Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of health care. A system shall also be in place to implement corrective actions when deficiencies are noted. A CQI Coordinator shall be identified. CQI meetings, that include staff of all disciplines working in the health center, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.
 - b) Completing, updating, or having access to an adolescent health needs assessment process including at a minimum risk behavior survey conducted within the last three years to determine the health needs of the target population.
 - c) Conducting a client satisfaction survey at a minimum annually.
13. A local community advisory committee shall be established and operated as follows:
 - a) A minimum of two meetings per year;
 - b) The committee must be representative of the community and include a broad range of stakeholders such as school staff;
 - c) One-third of committee members must be parents of school-aged children/youth;
 - d) Health care providers shall not represent more than 50% of the committee;
 - e) The committee must approve the following policies and the health center must develop applicable procedures:
 1. Parental consent policy;
 2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody;
 3. Confidential services as allowed by state and/or federal law; and
 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect.

- f) Youth input to the committee shall be maintained through either membership on the established advisory committee; a youth advisory committee; or through other formalized mechanisms of youth involvement and input.
- 14. The health center shall have space and equipment adequate for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment, and secure paper and/or electronic client records. The physical facility must be barrier-free, clean, and safe.
- 15. The health center staff shall follow all Occupational Safety and Health Act guidelines to ensure protection of health center personnel and the public.
- 16. The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.

Billing and Fee Collection

- 17. The health center shall establish and implement a sliding fee scale, which is not a barrier to health care for adolescents. Adolescents must not be denied services because of inability to pay. CAHC state funding must be used to offset any outstanding balances (including copays) to avoid collection notices and/or referrals to collection agencies for payment.
- 18. The health center shall establish and implement a process for billing Medicaid, Medicaid Health Plans and other third party payers.
- 19. The billing and fee collection processes do not breach the confidentiality of the client.
- 20. Revenue generated from the health center must be used to support health center operations and programming.

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MINIMUM PROGRAM REQUIREMENTS FOR CHILD AND ADOLESCENT HEALTH CENTERS ELEMENTARY SITES

ELEMENT DEFINITION:

Services provided through Child and Adolescent Health Centers are designed specifically for elementary school-aged children ages 5-10 aimed at achieving the best possible physical, intellectual, and emotional status. Included in this element are elementary, school-based health centers designed to provide comprehensive primary care, psychosocial and mental health services, health promotion/disease prevention, and outreach services.

MINIMUM PROGRAM REQUIREMENTS:

Services

1. The health center shall provide a range of health and support services, based on a needs assessment of the community/target population and approved by the community advisory committee, that are of high quality, accessible, and acceptable to the target population. The use of age appropriate prevention guidelines and screening tools must be utilized.
 - a. Clinical services shall include, at a minimum: primary care, including health care maintenance (well care), EPSDT screening, immunization assessment and administration using the MCIR, care of acute and chronic illness; health education and risk reduction counseling; dental services or referral and referral for other services not available at the health center. (See Attachment 1 for services detail.)
 - b. Mental health services must be provided at all elementary Child and Adolescent Health Centers.
 - c. Each health center shall implement two evidence-based programs and/or clinical interventions in at least one of the approved focus areas as determined through needs assessment data (See Attachment 2 for approved focus areas).
2. Clinical services, including mental health services, shall meet the recognized, current standards of practice for care and treatment of elementary school-aged children (ages 5-10).
3. The health center shall not provide abortion counseling, services, or make referrals for abortion services
4. The health center shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

5. The health center shall provide Medicaid outreach services to eligible children and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities as outlined in MSA 04-13.

Administrative

6. There shall be a current interagency agreement defining roles and responsibilities between the sponsoring agency and the local school district. Written approval by the school administration and local school board exists for the following:
 - a) Location of the health center in the school;
 - b) Administration of a needs assessment process to determine priority health services;
 - c) Parental consent policy;
 - d) Services rendered in the health center; and
 - e) Policy and procedure on how children will access the center during school hours.
7. The health center shall be open during hours accessible to its target population, and provisions must be in place for the same services to be delivered during times when school is not in session. Not in session refers to times of the year when schools are closed for extended periods such as holidays, spring breaks, and summer vacation. These provisions shall be posted and explained to clients.

Clinical Centers: The health center shall provide clinical services a minimum of five days per week. Total primary care provider clinical time shall be at least 30 hours per week. Mental health provider time must be a minimum of 20 hours per week. Hours of operation must be posted in areas frequented by the target population.

Alternative Clinical Centers: The health center shall provide clinical services a minimum of three consistent days per week. Total primary care provider clinical time shall be at least 24 hours per week. Mental health provider time must be a minimum of 12 hours per week. Hours of operation must be posted in areas frequented by the target population.

The health center must have a written plan for after-hours and weekend care, which shall be posted and explained to clients. An after-hours answering service and/or answering machine with instructions on accessing after-hours care is required.

8. The health center shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures and protocols. The medical director will designate prescriptive authority to the mid level provider.
9. The health center staff shall operate within their scope of practice as determined by certification and/or agency policies. The center shall be staffed by a certified nurse practitioner (FNP, PNP, or SNP), licensed physician, or a licensed physician assistant working under the supervision of a physician. Nurse practitioners must be certified or eligible for certification in Michigan; accredited by an appropriate national certification association or board; and have a current, signed collaborative practice

agreement and prescriptive authority agreement with the medical director or designee. Physicians and physician assistants must be licensed to practice in Michigan.

10. The health center must be staffed with a minimum of a .50 FTE licensed Masters level mental health provider (i.e. counselor or Social Worker) for full clinical centers. For Alternative clinical centers must be staffed with a minimum of a .30 FTE licensed Masters level mental health provider. Appropriate supervision must be available.
11. The health center must establish a procedure that doesn't violate confidentiality for communicating with the identified Primary Care Provider (PCP), based on criteria established by the provider and the Medical Director.
12. The health center shall implement a continuous quality improvement plan. Components of the plan shall include at a minimum:
 - a) Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of health care. A system shall also be in place to implement corrective actions when deficiencies are noted. A CQI Coordinator shall be identified. CQI meetings, that include staff of all disciplines working in the health center, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.
 - b) Completing, updating, or having access to a health needs assessment process including at a minimum risk behavior survey conducted within the last three years to determine the health needs of the target population.
 - c) Conducting a client satisfaction survey at a minimum annually.
13. A local community advisory committee shall be established and operated as follows:
 - a) A minimum of two meetings per year;
 - b) The committee must be representative of the community and must be comprised of at least 50% members of the community;
 - c) Health care providers shall not represent more than 50% of the committee;
 - d) One-third of committee members must be parents of school-aged children;
 - e) School staff must be represented on the committee, including at least one of the following: school nurse (if applicable), administrative positions, teachers, specialty school program staff, student support team members;
 - f) The advisory committee must approve the following policies and the elementary school health center must develop applicable procedures for:
 1. Parental consent;
 2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody;
 3. Confidential services as allowed by state and/or federal law; and
 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect
14. The health center shall have space and equipment adequate for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment, and secure paper and/or electronic client records. The physical facility must be barrier-free, clean, and safe.
15. The health center health center staff shall follow all Occupational Safety and Health Act guidelines to ensure protection of health center personnel and the public.

16. The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.

Billing and Fee Collection

17. The health center shall establish and implement a sliding fee scale, which is not a barrier to health care for children. Children must not be denied services because of inability to pay. CAHC state funding must be used to offset any outstanding balances (including copays) to avoid collection notices and/or referrals to collection agencies for payment.
18. The health center shall establish and implement a process for billing Medicaid, Medicaid Health Plans and other third party payers.
19. The billing and fee collection processes must not breach the confidentiality of the client.
20. Revenue generated from the health center must be used to support health center operations and programming.

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**Michigan Department of Community Health
CAHC - School Wellness Program (SWP)
Minimum Program Requirements**

Services

1. The School Wellness Program (SWP) shall be open and providing Registered Nurse (RN) services a minimum of 30 hours per week. Services shall include individual health services that: a) fall within the current, recognized scope of registered RN practice in Michigan and b) meet the current, recognized standards of care for children and/or adolescents; individual and group health education using evidence-based curricula and interventions; school staff training and professional development relevant to these areas; case management and/or referral to other needed primary care and specialty medical services. The specific services provided shall be determined through a local needs assessment process. These services shall not supplant existing services.
2. Each SWP shall implement two evidence-based programs and/or clinical interventions in at least one of the approved focus areas as determined through needs assessment data (See Attachment 2 for approved focus areas).
3. The SWP shall develop a plan, in conjunction with appropriate school administration and personnel, to provide training and professional development to teachers and school staff in areas relevant to the SWP and school-specific needs.
4. The SWP shall provide a minimum of 40 hours per week of direct mental health services. Mental health services provided shall fall within the scope of practice of the licensed mental health provider and shall meet the current recognized standards of mental health practice for care and treatment of children and/or adolescents. These services shall not supplant existing services.

Mental health services should minimally include individual counseling and group therapy. Group therapy must include the use of evidence-based curricula or interventions.

5. The SWP shall not, as part of the services offered, provide abortion counseling, services, or make referrals for abortion services.
6. The SWP shall not prescribe, dispense or otherwise distribute family planning drugs and/or devices on school property.
7. The SWP shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs (CAHCPs) outreach activities 1 and 2 as outlined in MSA 04-13.
8. Services provided shall not breach the confidentiality of the client.

Staffing/Clinical Care

9. The SWP shall have a Michigan-licensed physician as a medical director who, through a signed letter of agreement, supervises the general individual nursing services provided to individuals. Written standing orders and protocols approved by the medical director shall be available for use as needed.
10. The SWP shall have a registered nurse (preferably with a Bachelor of Science in Nursing and experience working with child/adolescent populations) on staff, working under the general supervision of a physician during all hours of clinic operation. The registered nurse shall preferably be certified or be eligible for certification as a professional school nurse in Michigan.
11. The SWP nursing staff shall adhere to medical orders/treatment plans written by the prescribing physician and/or standing orders/medical protocols written by other health care providers for individuals requiring health supervision while in school.
12. The SWP shall have a mental health provider on staff. The mental health provider shall hold a minimum master's level degree in an appropriate discipline and shall be licensed to practice in Michigan. Supervision must be available for all licensed providers and provided for any master's level provider while completing hours towards licensure.
13. All SWP program staff and contractors shall have proper liability insurance coverage.
14. The SWP staff shall provide services in no more than two school buildings. The SWP services shall be available during hours accessible to its target population.
15. The SWP nurse to student ratio shall be no more than 1 FTE: 750 students. A minimum of 350 students must be served.

Administrative

16. Written approval by the school administration and local school board exists for the following:
 - a) Location of the SWP within the school building;
 - b) Administration of a needs assessment process for students in the school;
 - c) Administration of or access to a needs assessment for teachers/staff;
 - d) Parental consent policy; and
 - e) Services rendered through the SWP.
17. A current interagency agreement shall define the roles and responsibilities between the local school district and medical organization; and the school-based health center, if one exists in the same school district.
18. Policies and procedures shall be implemented regarding proper notification of parents, school officials, and/or other health care providers when additional care is needed or when further evaluation is recommended. Policies and procedures regarding notification and exchange of information shall comply with all applicable laws e.g., HIPAA, FERPA and Michigan statutes governing minors' rights to access

care.

19. The SWP shall implement a continuous quality improvement plan. Components of the plan shall include at a minimum:

- a) Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted.
- b) Completing, updating, or having access to a health needs assessment process including at a minimum risk behavior survey conducted within the last three years to determine the health needs of the target population and of the school environment.
- c) Conducting a client satisfaction survey at a minimum annually.

20. A community advisory committee shall be established and operated as follows:

- a. A minimum of two meetings per year;
- b. The committee must be representative of the community(school and other) and must be comprised of at least 50% members of the community; one-third of members must be parents of school-aged children and youth;
- c. Health care providers shall not represent more than 50% of the committee;
- d. The committee should recommend the implementation and types of services rendered by the SWP.
- e. The committee must approve the following policies:
 - 1. Parental consent;
 - 2. Custody of individual records, requests for records, and release of information that include the role of the non-custodial parent and parents with joint custody;
 - 3. Confidential services; and
 - 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect.

Physical Environment

21. The SWP shall have space and equipment adequate for private visits, private counseling, secured storage for supplies and equipment, and secure paper and electronic client records. The physical facility must be barrier-free, clean and safe.

22. The SWP shall follow all Occupational Safety and Health Act guidelines to ensure protection of SWP personnel and the public.

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CHILD AND ADOLESCENT HEALTH CENTERS CLINICAL AND ALTERNATIVE CLINICAL MODELS

Attachment 1: Services Detail

The following health services are required (*or recommended) as part of the Child and Adolescent Health Center service delivery plan:

PRIMARY CARE SERVICES

- Well child care
- EPSDT screenings and exams
- Comprehensive physical exams
- Risk assessment/other screening
- Laboratory services
 1. CLIA Waived testing
 2. Specimen collection for outside lab testing
- Vision screening
- Hearing screening
- *Other diagnostic/screening
 1. Spirometry
 2. Pulse oximetry
 3. Tympanometry
 4. Office microscopy

MENTAL HEALTH SERVICES

- Mental Health services provided by a Masters level mental health provider.

ILLNESS/INJURY CARE

- Minor injury assessment/treatment and follow up
- Acute illness assessment/ treatment and follow up &/or referral

CHRONIC CONDITIONS CARE

- Includes assessment, diagnosis and treatment of a new condition
- Maintenance of existing conditions based on need, collaborations with PCP/specialist or client/parental request
- Chronic conditions may include: asthma, diabetes, sickle cell, hypertension, obesity, metabolic syndrome, depression, allergy, skin conditions or other specific to a population

IMMUNIZATIONS

- Screening and assessment utilizing the MCIR and other data
- Complete range of immunizations for the target population utilizing Vaccine for Children and private stock
- Administration of immunizations
- Appropriate protocols, equipment, medication to handle vaccine reactions

HEALTH EDUCATION

STI & HIV EDUCATION, COUNSELING, & VOLUNTARY TESTING (Adolescent Centers Only)

- Education appropriate for age, other demographics of the target population, and needs assessment data
- Risk assessment, historical and physical assessment data informs individualized care
- A certified HIV counselor/tester is on site
- Testing for and treatment of STI and testing and referral for HIV treatment is on site

“CONFIDENTIAL SERVICES” AS DEFINED BY MICHIGAN AND/OR FEDERAL LAW (Adolescent Centers Only)

- Confidential services are those services that may be obtained by minors without parental consent
- Confidential services include: mental health counseling, pregnancy testing & services, STI/HIV testing and treatment, substance abuse counseling and treatment, family planning (excluding contraceptive prescription/distribution on school property).

REFERRAL

- PCP, specialists, psychiatrists, dental, community agencies, etc.

REQUIRED FOR ELEMENTARY CENTERS ONLY

- Dental services or referral for dental care.

CHILD AND ADOLESCENT HEALTH CENTERS

Attachment 2: Focus Areas

Each year, health centers and SWPs should review their needs assessment data to determine priority health issues that are of such significance to their target population to warrant an enhanced “focus” for the upcoming year. Each center is required to implement at least two evidence based programs or clinical interventions to begin to address the needs within the selected focus area(s).

FOCUS AREAS

- ALCOHOL/TOBACCO/OTHER DRUG PREVENTION
- CHRONIC DISEASE MANAGEMENT
- HIV/AIDS/STI PREVENTION
- NUTRITION AND PHYSICAL ACTIVITY
- PREGNANCY PREVENTION

Focus areas are meant to provide services above and beyond what would typically be provided in comprehensive primary care. It is expected that each of these focus areas will be a part of comprehensive primary care already, but those selected for the focus area requirement should be significantly beyond typical care. Strategies should be intensive, evidence-based, and include appropriate evaluation methods to assess impact and progress on meeting focus areas.